CITY	OF	DEEF	PAF	RΚ,	OHIO
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We are committed to a policy of Equal Employment Opportunity and will not discriminate on any legally recognized basis, including but not limited to race, age, color, religion, sex, marital status, national origin, citizenship, ancestry, physical or mental disability, veteran status, or any other legally protected class.

PERSONAL BACKGROUND:
NAME: SOCIAL SECURITY NO.:
PRESENT ADDRESS:
PERMANENT ADDRESS (If different from above):
PREVIOUS ADDRESS:
TELEPHONE NUMBER(S): REFERRED BY:
DATE AVAILABLE TO START: ARE YOU EMPLOYED? MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? HAVE YOU EVER APPLIED TO THE CITY BEFORE? ARE YOU WILLING TO WORK OVERTIME?
U.S.MILITARY OR NAVAL SERVICE: RANK
IF DRIVING IS A REQUIREMENT OF THE JOB FOR WHICH YOU ARE APPLYING, DO YOU HAVE A CURRENT, VALID DRIVER'S LICENSE? (If driving is a requirement of the job for which you are applying, continued employment is contingent on your maintaining a current driver's license.)
HAVE YOU EVER BEEN CONVICTED FOR ANY TRAFFIC VIOLATIONS? PLEASE LIST:
ARE YOU ABLE, AT THE TIME OF EMPLOYMENT, TO SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE U.S.? (Verification and completion o the I-9 form must be submitted no later than three business days after dat of hire.)
HAVE YOU EVER BEEN CONVICTED OF A FELONY WHICH IS RELATED TO THE FUNCTIONS OR QUALIFICATIONS OF THE POSITION FOR WHICH YOU ARE APPLYING? NOTE: This question does not apply to convictions which have been sealed o expunged. (A conviction record will not necessarily be a bar to employment. IF YES, PLEASE DESCRIBE THE FELONY CONVICTION(S)(NATURE AND REHABILITATION):

EDUCATIONAL BACKGROUND	NAME AND LOCATION C SCHOOL			CIRCLE HIGHEST GRADE COMPLETED		MAJOR AREA OF STUDY	
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COLLEGE	COLLEGE			1234			
TRADE,BUSIN GRADUATE SC		Moderation and the second seco					
SPECIALIZED TECHNICAL SKILLS (Such as computer programming/language, equipment operation, special tools/machines, etc.)							
WORK EXPERIENCE: Please list your last three employers, starting with your present or last place of employment. Verifiable volunteer work may be included. DATE NAME AND ADDRESS OF SALARY POSITION NAME OF REASON SUPERVISOR FOR LEAVING							
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Fr: To:					period and the second		
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REFERENCES: Give the names of three persons not related to you, whom you have known at least three years. NAME AND OCCUPATION ADDRESS PHONE NUMBER YRS.KNOWN 1							
APPLICANT'S STATEMENT: In signing this application, I certify that all the foregoing information is a complete and accurate statement of the facts and understand that if any misrepresentation, omission, or falsification be discovered, it will constitute grounds for dismissal. I hereby authorize you to conduct any investigation (including criminal, bureau of motor vehicles, and credit if applicable) necessary concerning any part of my background related to the position I am seeking. I release all parties from any liability in connection with the provision and use of such information. This application will be kept on file for the calendar year in which submitted. I understand it is necessary to fill out a new application each year in order to remain under consideration for employment. I understand agree that, if employed by the City, I will abide by its rules and regulations which I understand are subject to change.							
		*	Ap	plicant's	Signat	ure	and the second s

Date